

REQUEST FOR CHANGE

Note: If your company has moved to a new location, then you must submit a new EPA Notification of Hazardous Waste Activity Form and you must obtain a new US EPA Identification Number.

The numbering on this form corresponds to the numbering on EPA Notification of Hazardous Waste Activity Form.

EPA ID Number: CT D045172079

Company Name: MOROSO PERFORMANCE PRODUCTS INC

Date of Request: 3/29/00

Town: GUILFORD

SECTION/ITEM TO BE CHANGED	CURRENT INFORMATION	CHANGE INFORMATION TO:	REASON/ COMMENTS
I. Name of Installation			
II. Location of Installation			
III. Mailing Address of Installation			
IV.a. Installation Contact's Name	VINCENT GIANFREDI	JOSEPH MARCINSKI	PER 99 SQG REPORT
b. Installation Contact's Title		SR MFG MGR.	
c. Installation Contact's Phone			
V.a. Ownership			
b. Property Owner			
VI. Status Originally notified as: (please circle) CESQG (<100 kg/month) SQG (100 - 1000 kg/month) LQG (>1000 kg/mth) Transporter T/S/D Facility		Change Status to:	

6T
5.10.00
(8)

REQUEST FOR CHANGE

EPA ID #: CTD 04573009

COMPANY NAME: Maxima Kabinmanale

Date of Request: 8/20/92

TOWN: Greenford

	SECTION/ITEM TO BE CHANGED	OLD VALUE	NEW VALUE	REASON/COMMENTS
I*	Name of Installation			
II**	Location of Installation			
III	Installation Mailing Address			
IV a.	Installation Contact's Name	Schubel, R.	Gianfredi, Vincent	1991 SQG report
b.	Installation Contact Title			
c.	Installation Contact Phone #			
V a.	Ownership & Address			DATE OF OWNERSHIP CHANGE:
b.	Property Owner & Address			DATE OF OWNERSHIP CHANGE:
VI	Status	(Originally notified as:) SQG (<100 kg) SQG (100-1000kg) GENERATOR TRANSPORTER TSDF	Change status to:	

* Corresponds to numbering on EPA Notification of Hazardous Waste Activity Form.

4. If your company has moved to a new location then you must submit a new EPA Notification of Hazardous Waste Activity Form and obtain a new US EPA ID No.



U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

PLEASE PLACE LABEL IN THIS SPACE

NOV 23 1985

FOR OFFICIAL USE ONLY

COMMENTS

INSTALLATION'S EPA I.D. NUMBER

APPROVED

DATE RECEIVED
(yr., mo., & day)

CTD 045172079

1

851123

I. NAME OF INSTALLATION

MOROSO PERFORMANCE PRODUCTS, INC.

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

380 CARTER DRIVE

CITY OR TOWN

4 GUILFORD

ST.

ZIP CODE

CT 06437

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

580 CARTER DRIVE

CITY OR TOWN

6 GUILFORD

ST.

ZIP CODE

CT 06437

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

PHONE NO. (area code & no.)

2 SCHOENFELDT, RONALD E. Q.C.M.G.

203-453-6571

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

8 MOROSO, RICHARD

B. TYPE OF OWNERSHIP
(enter the appropriate letter into box)

F - FEDERAL
M - NON-FEDERAL

M

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

☒ A. GENERATION

☐ B. TRANSPORTATION (complete item VII)

☐ C. TREAT/STORE/DISPOSE

☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR

☐ B. RAIL

☐ C. HIGHWAY

☐ D. WATER

☐ E. OTHER (specify)

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION

☐ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

HAZARDOUS WASTE
MANAGEMENT
NOV 21 1985
EPA

New Haven
009

1	2	3	4	5	6
F 0 0 1	D 0 0 2	D 0 0 3			
23 - 24	23 - 24	23 - 24	23 - 24	23 - 24	23 - 24
7	8	9	10	11	12
23 - 24	23 - 24	23 - 24	23 - 24	23 - 24	23 - 24

13	14	15	16	17	18
23	23	23	23	23	23
19	20	21	22	23	24
25	26	27	28	29	30
23	23	23	23	23	23

31	32	33	34	35	36
23 - 24	23 - 24	23 - 24	23 - 24	23 - 24	23 - 24
37	38	39	40	41	42
23 - 24	23 - 24	23 - 24	23 - 24	23 - 24	23 - 24
43	44	45	46	47	48
23 - 24	23 - 24	23 - 24	23 - 24	23 - 24	23 - 24

[illegible]

4. TOXIC
(0000)

18 NOV 85



ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

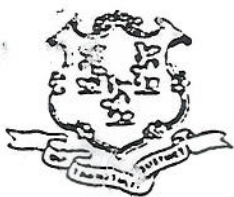
EPA I.D. NUMBER

•CTD045172079

INSTALLATION ADDRESS

MOROSO PERFORMANCE PRODUCTS INC
80 CARTER DR
GUILFORD CT 06437

80 CARTER DR
GUILFORD CT 06437



STATE OF CONNECTICUT
DEPARTMENT OF ENVIRONMENTAL PROTECTION
RCRA (HAZARDOUS WASTE) INSPECTION REPORT
GENERATOR



9/4/91 Rev.

Name(s) of inspector(s): Robert Garbauskas
Date(s) of inspection: 4/8/92 Complaint Number: _____
Previous RCRA inspection date: 6/22/88 Active RCRA enforcement #: _____

SITE INFORMATION

EPA ID No.: CTD 040172079
Site Name (& AKA/DBA if any): Moroso Performance Products Inc.
Street Address: 80 Carter Drive, Guilford 06437
Mailing Address: Same
Contact Name(s) and Title: Robert Hone - U.P.; Vinnie Gianfredi - foreman
Contact Phone No.: (203) 453-6571 Date established on-site: 1978
Property owned/leased: leased from corporation owner - Richard Moroso
Previous occupants of site: none

STATUS (actual - operating)

☐ Conditionally Exempt SQG ☐ Transporter ☐ Other: (include treatment,
☒ SQG (100-1000 kg/mo) ☐ Burner Blender storage or disposal activities
☐ Large Quantity Generator ☐ Recycle/Reclaim _____
☐ Episodic Generator (status varies from one month to the next): _____

Notified as: L.Q.G.

Any discrepancies between notification & actual operation:

No ☐ Yes ☒ (describe): company notified as L.Q.G., currently operating as S.Q.G.

If yes, has a status change been requested? No ☐ Yes ☒.

Comments (e.g., type of change requested): company requested status change to S.Q.G., approved 8/12/91

TYPE OF WASTE HANDLED

☒ Ignitables (D001) ☒ F or K listed wastes ☒ Used oil (regulated under 266)
☐ Corrosives (D002) ☐ P or U listed wastes ☐ CT regulated wastes
☐ Reactives (D003) ☐ Precious metals ☐ Unknown
☒ TCLP (D004-43) ☐ Haz. scrap metal ☐ Other: _____



HANDLING METHOD (actual)

Containers (#two, 1-55 gal) ☒ Wastewater treatment system
Tanks-aboveground (#one) ☐ Other: _____
Tanks-underground (#) ☐
500 gal waste oil (CROO)
one, 5,000 gal u/G #2 fuel oil tank

SITE DESCRIPTION

Proximity to residential areas/surface water/recharge zone, etc: located in small industrial park, rural area adjacent to I-95

Water supply (if wells, give approximate location): city water

Types of waste/water discharges: sanitary to septic system

Evidence of on-site disposal: No ☒ Yes. If yes, identify location, type of waste, amount & frequency, length of time & dates used, etc:

Groundwater monitoring wells on-site: No ☒ Yes. If yes: RCRA (complete GWM checklist) Non-RCRA (briefly describe why installed and any information available):

GW classification (if known): ?

Comments:

SITE ACTIVITYDate established at present location: 1978No. employees/shifts 100/ one Type of activity: warehouse/distribution, minor mfg.,Products: automotive performance parts; oil pans; racing engines R+DDescribe processes (particularly those involving chemicals): suspension; traction bars; roll bars. (mostly assembly and package)

Mfg includes machining operations, sheetmetal working, welding, painting, parts cleaning, and R+D on high performance (racing) engines. Machining: stock + sheetmetal steel and aluminum. Machine operations performed on lathes, bandsaws, shearing machines, cutoff saw, and C+C punch machines. Sheetmetal shaped on bending machine. Straight cutting oil used on most machines. C+C punch machines and cut off saw use water soluble oil. The coolant used on the cutting saw is in a concentrated form and is diluted with water as necessary based on the type metal being cut.

Welding: Minor amounts of stick welding and gas brazing, mostly TIG and MIG welding. No silver solder used.

Painting: one - walk in dry filter booth. Twenty $\approx 2' \times 2'$ filters changed once a week. Disposed of in a 55 gallon drum containing 10-15 gallons of water. Gun cleaning in one Safety-Kleen gun cleaning unit. Water and solvent (toluene) based paints used in small quantities. Waste paint related materials disposed of in a 20 gallon drum located next to the booth.

Parts Cleaning: Phosphoric acid, sodium hydroxide, and 1,1,1, trichloroethane no longer in use on-site. Parts cleaning now done in a parts wash machine using hot water jet sprays and soap. Water recirculated from a sump. A skimmer system removes oil. (≈ 5 gal/wk) A grit blast machine using glass beads is occasionally used for rust removal. A 200 gal Anti Rust tank is no longer used.

Engine R+D: Engine run-up area only. No wastes are generated other than oil changes. Disposed of in a 500 gal tank located outside door. One 30 gal Safety-Kleen unit used for parts cleaning.

Comments (e.g., any changes since last inspection): company no longer uses 1,1,1, tri-chloroethane; NaOH; or phosphoric acid. Currently have a wash machine using hot water and soap to clean parts.

WASTE PROFILE

40 CFR 2

Dates/m
Manifest

WASTE STREAM EPA
WASTE #

EST. GENERATION
RATE (amount:time)

HANDLING
METHOD

TRANS

1

Appropri

Any exce

Comment

(See spec

40 CFR 2

Reports fi

Comment

40 CFR 2

Has any h

If No, ski

Do they a

(explain):

Have they

previous y

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reports be

Have man

(e.g., addi

Comments

WASTE STREAM EPA WASTE #	EST. GENERATION RATE (amount:time)	HANDLING METHOD	TRANS
F003, 5 waste paint related material	1-20 gal/drm (27P) 1X per mon	Safety, Kleen	" "
D001, 39 waste petroleum naptha	1 drn/45 lb/mon		
D001, 35 paint filters/water	1-55 gal/drm/3 mon	Laidlaw →	
CR02 waste oil	≈ 30 gal/2-3 months	500 gal tank	Abely's → Uni
↳ includes oil from R+D on performance engines and oil f on parts wash machine			

Comments:

WASTE MINIMIZATION PROGRAM

Is a program in place (If yes, generally describe components of program, wastes addre
achieved): company has eliminated use of 1,1,1, trichloroethane
hydroxide, and phosphoric acid

40 CFR 262.11

HAZARDOUS WASTE DETERMINATIONS

22a-

Determination conducted for all waste streams: Yes ☒ No ☐ (explain):

INSPECTION SCHEDULE & LOG

22a-449(c)-1 (2)

Are inspections conducted? see comments
 Written inspection schedule: none developed
 Inspection log (adequacy of contents: date, time, items inspected, corrective action): none developed

Documentation:

Daily

All Loading/unloading areas subject to spills (when in use): not documented
 Tanks Containment, detection, ancillary equip: N/A

Weekly

Containers Physical condition: no inspection log kept
 Containers Containment system: " " " "
 Containers Labels, marking, dates: " " " "
 Battery Storage area: (no log required) N/A

Other

All Safety & emergency equipment: no record of inspections kept
 Tanks Cathodic protection (w/i 6 mos.; then yearly): N/A
 Tanks Impressed current (every other month): N/A

Comments (e.g., failure to correct malfunctions/deficiencies/chronic problems): formal inspections are not done or recorded however employee's are in the area where the two haz. waste drums are stored on a daily basis

40 CFR 262.34(a)(4) PERSONNEL TRAINING RECORDS

22a-449(c)-102(a)(2)(D)

Training conducted: Yes ☐ No ☒: see comments
 Last Annual review (date): _____ New employees: _____
 Written description of training: _____
 Job title, description & name of employee: _____
 Records maintained on-site until closure/3 yrs. for former employees: _____
 Comments (if SQG, describe): No formal training conducted. "Employee's read contingency plan a couple of years ago" (per contact, Vinnie Gianfredi)

Approx. number of satellite storage areas: N/A; none
Less than 55 gallons (or 1 qt. acutely haz) per waste stream per satellite
accumulation area: _____
Containers marked & contents described: _____
Containers closed when not in use: _____
Comments: _____

40 CFR 262.34(a)(1)

CONTAINERS

22a-449(c)-102(a)(1)(B)

Number of areas: one
Location(s): Located next to paint spray booth
Impermeable base (type): concrete Secondary containment*: N/A
Comments: _____

Approx. number & sizes of containers: 1-55gal drum, 1-20gal drum
Type(s): steel 2 poly _____ fiber _____ bag/sack _____ lab pack _____ roll-off _____
Other: _____

Management of containers:

Condition (leaks, ruptures, corrosion, heat, pressure): good

Containers closed when not in use: yes

50 ft. buffer zone for ignitable and reactive waste*: yes

Incompatibles separated by dike/wall, etc. N/A

Storage less than 90 days (LQG) or 180-270 days (SQG): yes

Comments: _____

* - N/A SQG

40 CFR 262.30-33

OTHER PRE-TRANSPORT REQUIREMENTS

22a-449(c)-102(a)

Packaging: O.K.

Labelling (if applicable, DOT haz.class): yes drums labeled

Marking (words "Hazardous Waste", generator name & address; manifest doc. no. when being shipped): drum markers had gen. name, address, + manifest #

Contents described (e.g., chemical name): yes

Proper DOT shipping name: yes

Accumulation date: yes

Comments: _____

N/A

Tank inventory/description (note above/underground, location, age, construction, ancillary equipment, capacity & waste type): _____

Adequate secondary containment for tank & ancillary equip: Yes___ No___ N/A___

Comments: _____

Describe leak detection system (including ancillary equip.): _____

Describe corrosion protection system: _____

Special requirements for ignitable & reactive waste: Yes___ No___ N/A___: _____

Words "Hazardous Waste" and description of contents: _____

Evidence of releases/leaks: No___ Yes.

If yes, describe: _____

Was release reported: Yes___ No___ If yes, date (if known): _____

Certification of major repairs to tank Yes___ No___ N/A___

Any out-of service tanks: Yes___ No___ If yes, describe: _____

Comments: one - 500 gal waste oil tank, in berm, A.G., outside, cover over tank;
one - 5,000 gal u/g #2 fuel oil tank

Existing Tank Systems (installed before 1/12/87) N/A

Written tank integrity assessment on-site (P.E. certified) Yes___ No___ N/A___

Does assessment address all required items: Yes___ No___: _____

Comments: _____

New Tank Systems (installed after 1/12/87) N/A

Written tank design, construction & installation assessment on-site (P.E. certified):

Yes___ No___ N/A___

Does assessment address all required items: Yes___ No___: _____

Documented installation & tightness test on-site: Yes___ No___

Comments: _____

Other comments on tank systems: _____

40 CFR 266 Subparts C-G RECYCLE/RECLAIM

22a-449(c)-101(c)

Is hazardous waste recycled on-site: Yes___ No ☒ (skip remainder of section)

If yes, does the closed loop exemption apply: _____

If yes, has a Recycling Registration been filed: _____

40 CFR 261.1(c)(8) & 261.6 Accumulation for recycling

22a-449(c)-100(c)

N/A

Approx. number of containers: _____

Type of material: _____

Accumulation date present: _____

Less than one year storage: _____

Clearly marked and labelled: _____

Is documentation available that the material:

- is potentially recyclable & has a feasible means of being recycled: Yes___ No___:

- all recycled within one year of accumulation dates: Yes___ No___: _____

Comments: _____

40 CFR 266 Subpart C Use Constituting Disposal

Are any recyclable materials used in a manner constituting disposal: No

If yes, explain: _____

Comments: _____

Scrap Metals

Does the facility generate, accept, store, treat, or dispose of any waste scrap metals which are ignitable or reactive: Yes___ No ☒.

If yes, are the materials being handled as hazardous wastes: Yes___ No___.

Comments: _____

40 CFR 266, Subpart G

Spent Lead Acid Batteries
Being Reclaimed

22a-449(c)-106(c)

Storage and Handling:

N/A

Batteries open or closed: _____

Evidence of leaks, ruptures, spills or poor handling procedures: _____

Separation from incompatibles: _____

Stored on impermeable surface: _____

Accumulation over 20,000 kg: Yes___ No___.

If yes, has a Recycling Registration been filed? Yes___ No___.

Treatment:

Are batteries cracked or processed on-site: _____

Do they have a permit for this activity: _____

Comments: _____

Note: persons who generate, transport, store or collect spent lead-acid batteries other than for recycling must comply with sections 100-110 inclusive.

40 CFR 266, Subpart D

Hazardous waste fuel

Does the facility market hazardous waste fuel: Yes___ No ☒. (If no, skip this section)

If yes, have they notified of this activity: _____

Do they have burner certifications for all customers on site: (40 CFR 266.34(e)) _____

Does the facility burn hazardous waste fuel: Yes___ No___.

If yes, have they notified of this activity: _____

Is the HW fuel burned in a unit meeting the boiler spec: _____

Have they submitted a burner certification, and are copies on-site: _____

List destination facilities: _____

Comments: _____

(Note: listed hazardous waste oil must be treated as hazardous waste.)

Does the facility generate ☒; market ☐; or burn used oil ☐?If yes, is it: On-spec ☒ Off-spec ☐.

If the facility collects or markets used oil:

Have they notified for this activity: _____

Do they have a written waste analysis plan: _____

Are shipments of off-spec fuel oil properly invoiced and retained for 3 years? _____

Are analytical records kept for 3 years? _____

Does the facility market off-spec oil? _____If yes, do they have burner certifications for all customers? [40 CFR 266.43(b)(5)]

If the facility burns used oil:

Is it off-spec: Yes ☐ No ☐.

If yes:

Has the facility sent burner certifications to all its marketers: _____

Are invoices and analyses for shipments of off-spec oil kept for 3 years: _____

Is the oil burned in a unit meeting the boiler spec: _____

Comments: _____

_____Does the facility generate ☐; treat ☐; store ☐; or dispose ☐ of precious metals recyclables: _____

If yes, are all shipments manifested: _____

If yes, is precious metal(s) identified on manifest: _____

Are inventories maintained: Yes ☐ No ☐.Are all wastes recycled within one year of accumulation dates: Yes ☐ No ☐.Is material potentially recyclable: Yes ☐ No ☐.Does the material have a means of being recycled: Yes ☐ No ☐.

Is it economically feasible to recycle it: _____

Comments: _____

Is the handler involved in waste transportation? Yes___ No ☒.

(If No, skip the rest of this section)

Kinds of waste transported: RCRA___ CT Regulated___

Manifest records retained on-site: Yes___ No___.

Comments on manifests: _____

Are hazardous wastes transported in generator's own vehicles, less than 1000 kg/mo of his own waste to CT facility: Yes___ No___.

If NO:

Current State of CT Transporter Permit Yes___ (Permit No. _____) No___.

Any vehicle numbers on-site at the time of inspection: Yes___ No___.

If YES, permit number displayed on waste-carrying portion of vehicle (rear and sides, in contrasting color, at least 10 cm. high): Yes___ No___.

Personnel trained in emergency response: _____

Wastes stored on-site: Yes___ No___.

If Yes, is waste stored on vehicles for <72 hours: Yes___ No___ (explain): _____.

Are they in the business of transferring waste from one vehicle (or mode of transportation) to another? Yes___ No___.²

Comments (e.g., compliance with other permit conditions, etc.): _____

¹ Completion of this portion of the RCRA checklist does not constitute a complete evaluation of compliance with transporter permit conditions.

² If yes, a permit is required under PA 91-313.

Has the generator closed or stopped using any drum or tank accumulation/storage areas:

Yes___ No ☒.

If Yes, has all hazardous waste been removed from area and/or unit: _____

Yes___ No___:

Hazardous waste management unit(s) decontaminated and/or equipment structure and soil removed for proper disposal: Yes___ No___.

Describe precautions instituted to control, minimize or eliminate escape of hazardous waste or hazardous constituents to the environment once "closure" complete (i.e., during "post-closure"):

Comments: _____

PHOTOS TAKEN

(number, location, brief description or attach photocopy of log)

None

SAMPLES TAKEN

(number, type)

None

COMMENTS ON OTHER AREAS OF ENVIRONMENTAL CONCERN (AIR, WATER, WASTE)

None Evident

ZEN
G

EPA I.D.# CTD04312 79
Facility Rep. Robert Hone - U.P.
Inspector Rob Garbaskas Date 4/8/92

RCRA LAND DISPOSAL RESTRICTIONS

GENERATOR COMPLIANCE (Complete this section for all Generators and TSOs)

Waste Identification

1. Obtain copy of the generator's Annual Report. (Provide this to EPA with the checklist if violations are detected.)
2. Waste Codes listed in the Annual Report and evaluated during the inspection:

F003 F005 D001 D035 D039 _____

3. For newly generated wastes, "one-time" wastes, wastes from cleanups, and other wastes not appearing on the Annual Report, provide the following:

<u>Waste Code(s)</u>	<u>Description (composition/source)</u>	<u>Subcategory/ Treatability Group</u>	<u>Frequency/ Amount Generated</u>	<u>Receiving Facility</u>
----------------------	---	--	------------------------------------	---------------------------

N/A

4. Are the waste codes identified by the company correct? If NO, Explain:

<u>Company Code(s)</u>	<u>Suspected Code(s)</u>	<u>Reason/Explanation</u>
------------------------	--------------------------	---------------------------

Yes

5. Manifests reviewed from 7/90 - 4/92
(month/year)

RCRA LAND DISPOSAL RESTRICTIONS COMPLIANCE

LDR Notifications

Shipments for which Notifications were NOT on file: N/A

B ~~NOTE~~ This section is for shipments of waste which were not accompanied by LDR notifications. This section should be completed when no notifications were on file for a particular waste code. If all notifications are on file, or only a few are missing for a particular waste code, DO NOT USE THIS SECTION, use sections C, D, or E.

1. No Notifications were on file for the following waste codes: _____

2. Is there an indication that these Notifications were sent and not retained? Y N

Please Explain; (for example: are blank notification forms on-site?)

3. [268.7(a)] Did the generator determine that these wastes were subject to LDR? Y N

Please Explain; (for example, was there any evidence of a determination?, did the generator have any knowledge of the regulations?)

Was this determination correct? Y N If NO, Explain:

4. List of shipments for which NOTIFICATIONS WERE NOT ON FILE:

<u>Manifest No.</u>	<u>Date</u>	<u>Waste Code(s)</u>	<u>Explanation</u> (incorrect determination?)

(continue on back, if necessary)
[Obtain Copies of Manifests, where Possible]

NO NOTIFICATIONS ON FILE

1. WASTE EXCEEDS TREATMENT STANDARDS for: (waste code and notifications WERE on file.

F003, 5 + D001, 33, 37
(if NONE, go to D)

2. [268.7(a)] Determination Based on:

For Waste Codes

Knowledge of Wastes ☒ Y
TCLP ☐ Y
Total Waste Analysis ☐ Y
Other ☐ Y

Basis _____
Last Analysis: _____
Last Analysis: _____
Explain _____

3. Did generator identify all applicable waste codes? ☒ Y ☐ N

If NO, Explain and list wastes for which all waste codes were not identified:

Note: Even if the waste is identified as a listed waste code (F, K, P, or U), all pertinent characteristic waste codes (D) must also be listed. However, if the treatment standard for the listed waste code contains a standard for the characteristic constituent, the characteristic waste code need not be included. For example, a F006 sludge which contains lead at a concentration greater than 5 ppm does not have to be listed as a D006 as well since the F006 treatment standard contains a standard for lead. [268.9]

4. [268.7(a)(1)(i-iv)] For Each Waste, Did Notification Contain:
(SEE APPENDIX I)

If NO, relevant
Waste code(s)

(a) Waste Code(s) ☒ Y ☐ N
(b) Manifest Number ☒ Y ☐ N
(c) Waste Analysis Data ☐ Y ☐ N ☒ Not Available

(d) Treatment Standard: {APPENDIX VIII}

For F001-F005, F039 and California List:

for example

F003: Acetone --- The specific Treatment Standard ☒ Y ☐ N
all other spent (if a table is used, the specific constituent(s)
solvents and treatability group must be identified)
0.59 mg/l

For all other wastes:

for example

Acid Corrosive
nonwastewater
40CFR 268.42(a)
DEACT

The Subcategory of the Waste ☒ Y ☐ N ☐ N/A
The Treatability Group ☒ Y ☐ N
Appropriate CFR Reference ☒ Y ☐ N
For waste with treatment standards expressed as specified
technologies; the five-letter treatment code ☒ Y ☐ N

5. [268.7(a)(6)] Did the generator retain copies of all Notifications ☐ Y ☒ N

(If there were any missing or inadequate notifications, please list them on page 5.)

D

1. WASTE MEETS ALL TREATMENT STANDARDS for: (waste code and notifications WERE on file.

2. [268.7(a)] Determination Based on:

For Waste Codes

Knowledge of wastes Y
TCLP Y
Total Waste Analysis Y
Other Y

Basis
Last Analysis:
Last Analysis:
Explain

**** OBTAIN COPIES OF WASTE ANALYSIS DATA OR SUPPORTING DOCUMENTATION ****

3. Did generator identify all applicable waste codes? Y N

If NO, Explain and list wastes for which all waste codes were not identified:

4. [268.7(a)(2)(A-D)] Did Notification Contain: {SEE APPENDIX 1}

Waste Code(s) Y N
Treatment Standard Y N (as outlined in Section C above)
Manifest Number Y N
Waste Analysis Data Y N Not Available

Certification Statement [268.7(a)(2)(1)] Y N

5. [268.7(a)(6)] Did the generator retain copies of all Notifications/Certifications Y N

(If there were any missing or inadequate notif/certs, please list them on page 5.)

6. Based on the information provided (waste analysis data, type of waste), is the above NOTIFICATION/CERTIFICATION accurate? Y N
(i.e., did the waste actually meet treatment standards?)

If NO, Explain:

Notifications

E

1. WASTE SUBJECT TO A National Capacity Extension (NCE) for: (waste codes) _____
(SEE APPENDIX VI & VII) Case by Case Extension for: (waste codes) _____
No Migration Petition for: (waste codes) _____
(if NONE, go to CDE)

and notifications WERE on file.

2. Based on the information provided (waste analysis data, type of waste), is the above NOTIFICATION accurate? _____Y _____N
(i.e., are they actually subject to the extension/variance?)

Note: If a waste code subject to a NCE is also subject to the California List prohibition levels, that waste is no longer eligible for a NCE. The California List is as follows: Liquid hazardous wastes with cyanides ≥ 1000 mg/l, Liquid hazardous wastes containing: arsenic ≥ 500 mg/l, mercury ≥ 20 mg/l, cadmium ≥ 100 mg/l, nickel ≥ 134 mg/l, chromium VI ≥ 500 mg/l, selenium ≥ 100 mg/l, lead ≥ 500 mg/l, thallium ≥ 130 mg/l, and/or PCBs ≥ 50 ppm, Liquid hazardous wastes having a pH ≤ 2 , Hazardous wastes ≥ 1000 ppm of Halogenated Organic Compounds (HOCs).

If no, Explain:

3. [268.7(a)(3)(i-v)] Did Notification Contain (for wastes subject to EXTENSION):
(SEE APPENDIX I)

Waste Code(s) _____Y _____N
Treatment Standard _____Y _____N (as outlined in Section C above)
Manifest Number _____Y _____N
Waste Analysis Data _____Y _____N Not Available
Date the waste is subject to the Prohibitions _____Y _____N

4. [268.7(a)(6)] Did generator retain copies of all Notifications? _____Y _____N

(If there were any missing or inadequate notifications, please list them in CDE below.)

CDE

MISSING OR INADEQUATE NOTIFICATIONS? (for shipments of waste outlined in sections C, D, or E above.)
[List information and explain (not sent, not retained, no treatment standards?)]
From which section?
C, D, or E?

Manifest No.	Date	Waste Code(s)	C, D, or E?	Explanation
CTF0190888	4/13/92	F003,5	C	not sent
CTF0154302	1/21/92	D001,39	C	"
MAF602241	10/1/91	F003,5	C	"
MAF059407	8/5/91	F003,5	C	"
MAF611908	8/29/91	F003,5	C	"
MAF609216	10/29/91	F003,5	C	"
CTF0154000	11/26/91	F003,5	C	"
CTF0157344	12/19/91	F003,5	C	"
CTF0046121	3/15/91	0001,39	C	"
CTF0098814	1/2/91	0001,39	C	"

[continue on back, if necessary] [Obtain Copies of Manifests, Where Possible]

Cont on back

UNIVERSITY OF CALIFORNIA

CTF0037130	1/22/91	0001,39	C	Not sent
CTF0074503	2/18/91	0001,39	C	"
CTF0019987	5/15/91	0001,39	C	"
CTF0049351	6/10/91	0001,39	C	"
MAF251483	7/8/91	0001,39	C	"
MAF261031	8/7/91	0001,39	C	"
MAF26440?	9/4/91	0001,39	C	"
MAF607349	9/31/91	0001,39	C	"
MAF619883	11/1/91	0001,39	C	"
CTF0154226	11/22/91	0001,39	C	"
CTF0003432	12/18/91	0001,39	C	"
CTF0000403	11/20/90	0001,39	C	"
MAF132897	11/12/90	FOOI	C	not retained
CTF0005643	10/29/90	0001,39	C	not sent
CTF0093603	9/28/90	0001,39	C	"

Generator Treatment Standards

1. Does the generator (non-TSDF) treat wastes (to m. the Treatment Standards) in containers or tanks. Y ✓ N

Please Explain: (which wastes, type of treatment, etc.)

If YES: (a) Has the generator developed a waste analysis plan for this activity? [268.7(a)(4)] Y N

(b) Has the generator submitted this plan to the Regional Administrator? [268.7(a)(4)] Y N

2. Does the generator dilute wastes as a part of any process regulated by other EPA programs (e.g. wastewater treatment system) Y ✓ N

Please Explain: (which wastes, how are they diluted, etc.)

If YES: Is a record kept indicating why the waste is not prohibited by the LDR? Y N

3. Is there any reason to believe that the generator may have impermissibly diluted the waste to change or achieve the applicable treatment standard? (based on review of process operation, pipe routing, and point of sampling)? [268.3] {SEE DILUTION FLOWCHART: APPENDIX IX} Y ✓ N

If YES, Please explain in detail: Use back of checklist or attach sheet.

4. Did the generator mix wastes with differing treatment standards for the same constituent? Y ✓ N

If so, did the generator select the most stringent treatment standard for each constituent? [268.41(b)] Y N

5. Has the generator conducted any type of remedial project or cleanup that may have generated waste subject to the LDR? Y ✓ N

Has information on this waste been included in sections B, C, D, or E of this checklist? Y N

Please explain the circumstances, wastes, and the methods by which the generator handled these wastes (i.e., was it a soil cleanup, was it properly classified, where was it shipped...):

(continue on back, if necessary)

1. Characteristic

THESE PROVISIONS DO NOT APPLY TO CHARACTERISTIC WASTES WHICH ARE TREATED BUT STILL EXHIBIT THE CHARACTERISTIC

(If NONE, go to H)

Explain waste type and treatment process which removes characteristic:

2. Was this waste subsequently shipped to a Subtitle D (non-hazardous) landfill?

Y N
(If NO, go to H)

3. [268.9(d)] Did Generator (or treatment facility) Send a Notification/Certification to the Regional Administrator for each shipment of such waste to a Subtitle D land disposal facility (non-hazardous landfill)?

Y N

4. [268.9(d)(1)(i-iii)] Did Notification Contain: {SEE APPENDIX I}

Name and Address of Subtitle D facility

Y N

Description of Waste Initially Generated (including Hazardous Waste Number and Treatability Group)

Y N

The Treatment Standards Applicable to the Waste at the Initial Point of Generation

Y N

Certification Statement [269.9(d)(2); 268.7(b)(5)(i)]

Y N

OTHER COMMENTS:

END GENERATOR CHECKLIST

FOR TREATMENT AND/OR STORAGE FACILITIES
THIS CHECKLIST SHOULD BE COMPLETED AS WELL AS THE FOLLOWING PAGES

CHARACTERISTIC WASTE

COMMENTS